

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Allis-Chalmers Corporation Product
Liability Trust
c/o Margaret Barr Bruemmer, Turstee
3500 Corben Court
Madison, WI 53704

COMPLETE THIS SECTION ON DELIVERY

Agent
 Addressee

B. Received by (Printed Name)

M. Signature
Margaret Barr Bruemmer

C. Date of Delivery

7-23

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

307CV607

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7003 3110 0004 0800 2715

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540